

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **802000037340**

1. Corporation Name

CROSKY CARPENTRY, INC.

2. Principal Office Address

2993 W OSCEOLA RD

Suite, Apt. #, etc.

City & State

GENEVA, FL

Zip

32732

Country

USA

3. Mailing Office Address

2993 W OSCEOLA RD

Suite, Apt. #, etc.

City & State

GENEVA, FL

Zip

32732

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

02-0572214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHELE CROSKY

Street Address (P.O. Box Number is Not Acceptable)

2993 W OSCEOLA RD

Suite, Apt. #, Etc.

City

GENEVA

State

FL

Zip Code

32732

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michele Crosky

REGISTERED AGENT MUST SIGN

Date

9/25/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MICHELE CROSKY	2993 W OSCEOLA RD	GENEVA, FL 32732

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Michele Crosky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

Daytime Phone #

2050

September 25, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the required application to reinstate my corporation to active status. I was newly incorporated in 2002 and had not met this filing requirement due to the fact that I never received a UBR in the mail by the Division of Corporations. I checked with my accountant and they indicated that they would not have received one as they are in no way listed as registered agent or otherwise. I have enclosed the \$150.00 filing fee that would have been required for timely filers. I am asking that the State would please abate the reinstatement fees and confirm that I am properly set up in the state's system for next year's mailing of UBR reports. Thank you for your kind attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michele Croskey". The signature is fluid and cursive, with the first name "Michele" being more prominent than the last name "Croskey".

Michele Croskey
Croskey Carpentry